



Dear Readers,

In this issue of Advances in Palliative Medicine you will find, as usual, the articles on the management of common symptoms accompanying advanced and terminal diseases, and the presentation of difficult and rare clinical situations.

I would like you to draw your particular attention to the article by Robert Twycross [1]. This article is a part of Dr. Twycross' lecture „Death without suffering?“ given in October 2008 at the 2nd Congress of the Polish Association for Palliative Medicine. Much of the content will also be included in the 4th (2009) edition of „Symptom Management in Advanced Cancer“, co-authored by Andrew Wilcock and Claire Stark Toller. Further, the article supplements those published in the Advances in Palliative Medicine 2008 (volume 7, no. 3) the need to avoid overzealous life-sustaining treatment in patients with end-stage disease.

The Author underlines the necessity for an appropriate balance between „fighting for life“ and „allowing peaceful death“. In this process doctors must constantly keep in mind the undeniable fact that ultimately all patients are deemed to die. Recently published study [2] showed that proper and thorough end-of-life discussions between professional and patients and their families may lead less aggressive medical care near death and earlier hospice referrals. Of note, aggressive care was associated with worse patient quality of life and worse bereavement adjustment. These studies support discussion on the urgent need for better understanding of expectations of dying patients among Polish physicians and for a thorough defining of overzealous therapy [3].

In this issue you will also find recommendations on the management of different types of pain and pruritus. An important issue is presented by the team of Dr. Malgorzata Krajnik, which stresses the effectiveness of proper physiotherapy, particularly in elderly patients. Recent systematic review showed however, that therapeutic exercises, although potentially beneficial, may not be acceptable to many cancer patients. Thus a better understanding of the reasons for rehabilitation and its potentially desirable influence on their overall status should be carefully discussed with the patient [4].

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1. Twycross R. Letting go. Adv. Palliat. Med. 2009; 8: 3–6.
2. Wright A.A., Zhang B., Ray A. et al. Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustment. JAMA 2008; 300: 1665–1673
3. Bołoz W. Abandoning persistent therapy as a realisation of rights of the dying. Adv. Palliat. Med. 2008; 7: 101–107.
4. Maddocks M., Muckett S., Wilcock A. Is exercise an acceptable and practical therapy for people with or cured of cancer? A systematic review. Cancer Treat. Rev. 2009, DOI: 10.1016/j.ctrv.2008.11.008.

